

TN ORGANIZATION OF THE DEAF-BLIND LEARNING RETREAT 2010 SSP APPLICATION

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April 2010 will be an exciting time at Dogwood Lodge in Soddy-Daisy, TN. People who have a combined hearing and vision loss will be coming from all over TN to camp and celebrate this year's theme **"Under the Stars."**

This camp would not be possible without volunteers like you. We need SSPs (Support Service Providers) who will assist with communication and act as sighted guides for the campers. Whether you are an experienced SSP or a first-time SSP, we hope you will consider sharing yourself and your time with us at the **TODB Learning Retreat 2010** from **April 22-25, 2010**. (Registration / Arrival time will be between 1:00 pm and 4:00 pm on Thursday and departure time will be 2 pm on Sunday.)

The registration fee for SSPs is only \$25.00. There is no additional cost for SSP room and meals. Training will be provided at camp at 4:00pm on Thursday and prior to camp at various locations in the state. Please contact Lana Newton, Deaf-Blind Program Coordinator at 423-634-6706, for additional training information.

If you are coming to SSP for a specific camper, make sure you put the camper's name on your SSP application. **Priority will be given to SSPs who can assist for all four days and who can meet the communication needs of our campers.**

SSPs will be offered a choice to sleep in tents or in the dorms. A special quiet time rest area for all SSPs will be set up in the tent camping area.

If you want to be an SSP at the TODB Learning Retreat 2010, here is what you need to do:

1. Fill out ALL the forms in this application packet (remember to sign the forms).
2. Enclose a \$25.00 fee with the application. If you are a student and you are not able to afford the fee, please contact your local ASL Club to ask for support.
Make your check or money order payable to **TODB**.
In the memo line, write **Retreat 2010**.
3. Send your application packet with the \$25 fee as soon as possible to:

**Lana Newton, SSP Pre-Registration
TN Division of Rehabilitation Services
311 E. Martin Luther King Blvd.
Chattanooga, TN 37403**

(Note: Although the deadline is March 1, space is limited, so send it as soon as possible.)

Ten dollars of the \$25 fee will pay for your membership fee for the TN Organization of the Deaf-Blind for the 2010 calendar year.

Please show proof of medical insurance upon arrival to camp.

If you have any questions, feel free to contact jc.forbes@comcast.net
or iana.newton@tn.gov.

Sincerely,

**John Forbes, TODB President
Retreat Coordinator
4040 Woodlawn Avenue Unit 54
Nashville, TN 37205-1900
615-269-8864**

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Volunteer SSP Application
(You must be at least 18 years old)

Date _____

PLEASE PRINT CLEARLY. THANK YOU!

Last Name First Name County

Street Address City State Zip

Permanent Address (if different) City State Zip

() V or TTY (circle)

Home Phone

() V or TTY (circle)

Work Phone

Fax Number (if applicable) E-Mail Address

____ Male ____ Female Age: _____

***Have you ever been convicted of a felony?** Yes ____ No ____

Will you be able to attend the entire session? Yes ____ No ____
(Thursday, 4:00 pm through Sunday, 2:00 pm)

Priority will be given to SSPs who can volunteer for the entire retreat and who can meet the communication needs of our campers.

Will you be staying at camp overnight? Yes ____ No ____

If you cannot attend the entire session, what times will you be at camp?

Thursday Times _____

Friday Times _____

Saturday Times _____

Sunday Times _____

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Your hearing is best described as:

- ☐ Hearing
☐ Hard of Hearing and can understand speech
☐ Hard of Hearing but cannot understand speech
☐ Deaf

Can you transport Deaf-Blind campers and/or SSPs from your area? Yes No

Do you have a roommate or room preference? Yes No
(There will be NO single rooms available)

If yes, please explain (i.e. person's name, non-smoker, handicapped accessible):

If you are coming for a specific camper, please write the name of the camper you will be working with:_____

Are you a licensed interpreter? Yes/Full Yes/Provisional No

Are you a certified interpreter? yes no
If yes, Certification _____

How would you describe your signing skills?

☐ none ☐ beginning ☐ intermediate ☐ advanced

Check all areas that you have experience with and that you feel comfortable working with persons who are Deaf-Blind:

- ☐ ASL ☐ Manually Coded English ☐ PSE
☐ Braille ☐ Voice Interpreting ☐ Cued Speech
☐ Typing ☐ Oral Interpreting ☐ Print-on-Palm
☐ Fingerspelling
☐ Tactile Signing use right hand_____ or left hand_____
☐ FM Loop
☐ Working with developmentally-disabled deaf-blind people
☐ Other:_____

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Name of Deaf-Blind persons with whom you would like to work (*Preferences will be considered, but not guaranteed*):

What kind of interpreting experience do you have? Where? How long?

What kind of SSP experiences have you had? (i.e. guiding, food shopping, read mail, etc. - Write on back of this page if needed)

Do you have any certifications? ____ CNA ____ CPR ____ Lifeguard
____ Other certifications (please list):

Please answer these questions about yourself. Your answers will help us to meet the needs of the campers.

I am an active person.

agree strongly

agree

disagree

disagree strongly

I love to be outside

agree strongly

agree

disagree

disagree strongly

I like to sit and make crafts.

agree strongly

agree

disagree

disagree strongly

If you would like to tell me more about yourself, please write a note and attach it to this application.

Agreement to follow Dogwood Lodge Rules:

I agree to follow all Dogwood Lodge Rules while participating in the TODB Learning Retreat 2010.

My Signature

Date

⇒ **DEADLINE FOR ALL DOGWOOD LODGE SSP APPLICATIONS: March 1, 2010**

Please mail your SSP application, all waiver / release forms and the \$25.00 SSP registration fee to:

Lana Newton, SSP Pre-Registration

311 E. MLK BLVD
Chattanooga, TN 37403

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SSP - Emergency Contact Information
CONFIDENTIAL

Name: _____ Date: _____

Your family doctor's name: _____

City: _____ TN

Area Code

Phone Number

****In case of emergency, we need to contact the following people (you must have at least two people listed):**

1. Name: _____ Relationship: _____

Address: _____

Day phone # : _____ Night phone # : _____

2. Name: _____ Relationship: _____

Address: _____

Day phone # : _____ Night phone # : _____

3. Name: _____ Relationship: _____

Address: _____

Day phone # : _____ Night phone # : _____

SSP – Medical Concerns Form
CONFIDENTIAL

Name: _____
Last First

Date: _____

You must complete this form and return it with your application.
The site requires that your form be kept on file in case of a medical emergency.

I want the staff to know of my medical conditions (circle):

High Blood Pressure	Yes	No
Diabetes	Yes	No
Seizures	Yes	No
Allergies (_____)	Yes	No
Heart Problem	Yes	No
Hepatitis	Yes	No
HIV/AIDS	Yes	No
Other: (please specify)	Yes	No

Date of my last tetanus immunization: _____

I want the staff to know of my medications listed below:

Medicine: _____ Times: _____

Medicine: _____ Times: _____

Medicine: _____ Times: _____

Medicine: _____ Times: _____

Medicine: _____ Times: _____

Medicine: _____ Times: _____

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[illegible][illegible]

Signature: _____

SSP – Medical Release Form

Sometimes, the wording of medical release forms is hard to understand, so below is the actual wording and a “simplified English” version. Please read both. They are the same thing.

Simple English version:

If I am too sick, or hurt, or can't think clearly, or can't make decisions, it is OK for the on-site nurse or camp staff to decide about medical care for me. If it is an emergency, they can decide if I have treatment, and/or medicine, and/or surgery.

Actual Medical Release:

In the event that my consent cannot be readily obtained, the staff are authorized to consent on my behalf for necessary medical treatment. In case of medical emergency, the staff is authorized to obtain treatment for me, including medication, anesthesia, and/or surgery.

Signature

Date

(if applicable, signature of guardian or witness)

Date

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SSP – Release Forms

Last Name: _____ First Name: _____

Here are three release forms for the TODB Learning Retreat 2010. Each form has an explanation in “Simplified English”. There is one place to sign, at the end of all the release forms.

Simplified English Version of Contract Releasing Liability:

I am responsible if:

- ☐ I become sick, hurt, or die at the Camp
- ☐ Some of my belongings (suitcase, bags, money, etc.) are lost or damaged at the Camp
- ☐ I am responsible if I become sick, hurt or lose anything when I travel to the Camp or travel home again.

I will not hold the TODB Learning Retreat responsible if these things happen. The staff is not responsible. The TODB Learning Retreat Executive Committee is not responsible. TODB is not responsible.

Contract Releasing Liability:

I, the undersigned, hereby assume all risks of personal injury, illness, death and damage to or loss of property. I expressly waive and release the TODB Learning Retreat 2010 its trustees, employees, agents and other Camp participants from any and all liability, claims, demands and causes of action whatsoever which arise from or in connection with my participation in the Camp, including traveling to or from the camp, for personal injury, illness, death or damage to or loss of property.

Simplified English Version of Harassing Conduct Release:

Dogwood Lodge and the TODB Learning Retreat 2010 will not allow harassing conduct. This means behaving in a way that bothers another person. It means after the other person tells you to stop bothering them, you don't.

Harassment can be:

- ☐ Verbal or Signal (calling people names, yelling at someone, swearing, teasing too much, criticizing volunteers or campers).
- ☐ Physical (pushing, shoving, poking, hitting anyone, following someone).
- ☐ Sexual (touching that is not comfortable for the other person, following someone, telling sexual jokes that bother another person).

I understand if I do these things, the Camp Coordinator or Acting Camp Coordinator may tell me to leave the camp.

Harassing Conduct Release:

Harassing or threatening conduct will not be tolerated at the camp. I acknowledge and agree that if my conduct or condition, in the judgment of the Camp Director or Acting Camp Director, poses a threat of harm to others or myself, I may be removed from the camp.

SSP – Release Forms (Continued)

Public Relations (Please check one):

Sometimes TV or newspaper reporters will come to TODB Deaf-Blind Learning Retreat to write a story and take pictures. Sometimes other photographers come to the TODB Deaf-Blind Learning Retreat to take pictures. TODB, Signal Centers, Vital Center for the Blind, HKNC, Chattanooga Parks and Recreation and TN Division of Rehabilitation Services may use the pictures (in color or black and white) in publicity and training materials as seen fit by the Agencies or for the purpose of informing the communities about Deaf-Blind issues, and/or helping raise money for current and future TODB Learning Retreats.

- It is OK to photograph me or videotape me at the Camp.
- It is NOT OK to photograph or videotape me at the Camp.

By signing this, you agree to release any liability and follow harassing conduct rules.

Signature

Date

SSP Confidentiality (Privacy) Statement

I, _____, understand that in my role as an SSP the TODB Learning Retreat 2010, I may become aware of personal information about campers. I agree to keep such information confidential (private) during and after the camp session(s).

Signature

Date